PATI	RD		Application or Docket Number 9/826238 TA -00480										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTI		OR		THAN ENTITY
TOTAL CLAIMS		16					RATE		FEE	7	RATE	FEE	
FOR ·		NUMBER FILED		NUMBER EXTRA			BASIC F	_	55.00		BASIC FEE		
TOTAL CHA	NAGE	ABLE CLAIMS	16 m	nus 20=	•	Ø		X\$ 9=	1		OR	Vala	. 10.00
INDEPENDENT CLAIMS			€ minus 3 =					X40=			1	Véo	
MULTIPLE DEPENDENT CLAIM PI			RESENT		, 0			+135=			OR		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	4-		OR OR	+270= TOTAL	715
Amol OCLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L ENT	πу	OR		
Total WW Indepen		REMAINING AFTER AMENDMENT		NUM PREVIO	BER	PRESENT EXTRA		RATE	TIC	NAL		RATE	ADDI- TIONAL FEE
Total	4. 1	- 20	Minus	1.79	0	= 0		X\$ 9=		./	OR	·X\$18=	[-/-
FIRST				DENDENT	<u> </u>	1-//2	ı	X40=		X	OR	X80=	X
								+135=	V		QΒ	+270=	
100			-exf	(Colum	nn 2)	(Column 3)	A				OR		
AMENDAMENDAMENTAL MENDAMENTAL		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO	ESY BER FUSLY	PRESENT EXTRA		RATE	TIO	NAL		RATE	ADDI- TIONAL FEE
O Total		· 00	Minus	. 0	10 2	<u>-</u>	L	X\$ 9=		6	OR	X\$18=	
FIRST P		NTATION OF MU			CLAIM			X40=			OR	X80=	X
		_						+135=		7	ÒR	+270=	
							A	TOTAL DDIT. FEE			OR A	TOTAL DOIT. FEE	
		(Column 1)				(Column 3)	_				_		
Total Independ		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	TION	VAL		RATE	
Total	_	•	Minus	••		-	Γ	X\$ 9=		\neg	'al	X\$18=	
Independ				•••		=	H	X40=		7	ı		
FIRST P	RESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		+		-	°	*		
' Ii the entry is	Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER PREVIOUSLY PRESENT FEE. Independent 3 Minus												
" If the "Highe" "If the "Highe	est Nun est Nun	nber Previously Pai nber Previously Pai	d For IN THIS id For IN THIS	S SPACE is: S SPACE is	less than less than	20, enter "20," 3, enter "3."		DIT. FEE	propria		A	DOIT. FEE	